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TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT
(Under 37 CFR 1.97(b) or 1.97(e))

Docket No.
3153.00108

In Re Application Of: Hasse, et al.



Serial No.	Filing Date	Examiner	Group Art Unit
10/018,290	11-13-01		

Title:

LAWSONIA DERIVED GENE AND RELATED OmpH POLYPEPTIDES, PEPTIDES AND PROTEINS AND
THEIR USES

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37 CFR 1.97(b)

- The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.

37 CFR 1.97(c)

- The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:

the statement specified in 37 CFR 1.97(e);

OR

the fee set forth in 37 CFR 1.17(p).

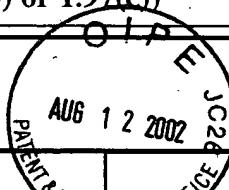
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MANUAL OF PATENT EXAMINING PROCEDURE

PTO/SB/08 (2-92)

Sheet _____ of _____

Form PTO-1446 INFORMATION DISCLOSURE CITATION IN AN APPLICATION <i>(Use several sheets if necessary)</i>		Docket Number (Optional) 3153.00108	Application Number 10/018,290			
		Applicant Hasse et al.				
		Filing Date 11/13/01	Group Art Unit			
U.S. PATENT DOCUMENTS						
EXAMINER INITIAL	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE
						RECEIVED
						AUG 14 2002
						TECH CENTER 1600/2900
FOREIGN PATENT DOCUMENTS						
	DOCKET NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION
						YES
						NO
OTHER DOCUMENTS <i>(Including Author, Title, Date Pertinent Pages, Etc.)</i>						
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EXAMINER

DATE CONSIDERED

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